

CHAPTER 1

Foster Cultural Competence



Introduction

Much has been written around cultural competence: standards, laws, guides, and training materials. State and federal agencies have incorporated it into contract and service requirements. Cultural competence seems to be everywhere.

Yet, some public health professionals confess to being discouraged by the term. What does it really mean? What more can be done? And, how can agencies with limited resources meet increasing requirements? As complex as it may sound, at the core of cultural competence is a principle of service that you most likely adopt each day: client-centered care.

Whether you are well-versed in cultural competence or just getting started, it helps to pause and think about what it means. To review the benefits of cultural competence, consider how you can improve on what you are already doing, and seek opportunities for training. This chapter presents four steps to help agencies begin to understand and foster cultural competence.





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CLAS Standards Covered

Standard 1: Offer care that shows respect for clients, that clients can understand, and that is consistent with beliefs, culture and language.

Standard 3: Offer ongoing cultural competence training at all levels.

Step 1: Understand Cultural Competence

Data supports the urgency of increasing our cultural competence. As the Commonwealth's population grows and changes, it is our ethical duty to respond and provide care to all of our residents.

You may have potential clients who pass your agency by because they don't see their culture represented in the images on the walls, or their language on the signs outside the door. You may have hired a Chinese interpreter who speaks Mandarin, when most of the residents around your facility speak Cantonese.

We know that, dedicated as you are to your mission, you would like to ensure that mission is carried out for a broad and appropriate audience. It is not only the right thing to do, it's the smart thing to do.

Attract and Meet the Needs of Clients

A Diverse Community, with Diverse Health Needs

The racial and ethnic make-up of Massachusetts is continually changing. As the diversity of our population increases, health needs and demands change. Public health agencies should reflect this diversity in their client care, services and workforce.

As agencies seek to acknowledge and value different perspectives, they can create a respectful, welcoming environment for clients.

Improve Client Outcomes

As your agency becomes increasingly sensitive to cultural and linguistic needs, you can improve client outcomes through:

- More efficient treatments and care
- Decreased errors
- Better client-provider communication
- A higher level of comfort between clients and providers
- A higher likelihood that clients will follow treatment plans

Reduce Health Disparities

Health Access and Delivery Is Unequal Among Races²

U.S. studies show that minorities are in poorer health, experience more significant problems accessing care, are more likely to be uninsured, and often receive lower quality health care than white Americans.

Health disparities result in more than just bad health. They can affect the standard of living of entire communities, reduce life expectancy, increase premature deaths and affect the understanding and use of services.

Racial Bias and Miscommunication Are at the Core of Health Disparities

Though many factors contribute to health disparities, racial bias is a preventable factor that is at their core. A 2001 Institute of Medicine report indicates that health providers' bias and stereotyping can reinforce health disparities and limit clients' access to quality medical care.³

Not being able to properly communicate with clients can increase diagnostic errors and lead to poorer client adherence to medical advice.

Why Cultural Competence?

- Attract and meet needs of clients
- Increase respect
- Improve client outcomes
- Reduce health disparities
- Improve business
- Protect your agency from liability
- Make your agency more attractive when responding to RFRs

Health disparities are the differences in the life expectancy, quality of health and preventive services people of different races and socioeconomic status experience.¹

Racial bias is a preformed negative opinion or attitude toward a group of persons who have common physical and cultural characteristics.¹

¹ University of Maryland Eastern Shore, Public Safety and Police Services. Crime Definitions. www.umes.edu/police/CrimeDefs.html

Prevent Invisible Bias

Though none of us would like to believe we are biased, studies show our biases often go unseen. A 2002 Institute of Medicine Study reveals that certain biases and stereotypes "... are essentially invisible to institutions and providers unless they constantly gather and analyze data about treatments and ethnicity of the clients."⁴ Unless agencies take measures to make cultural competence part of their behaviors and practices, this invisible bias will persist.

Improve Business

Offering culturally competent services can offer clear economic benefits to your business. Some of these benefits include:

- Improved efficiency of services
- Cost savings by preventing medical errors, reducing the duration of treatments and preventing legal costs
- Better ability to attract and retain potential clients and employees
- Repeat business and referrals (as a result of higher client satisfaction)

Protect Your Agency from Liability

Federal and Massachusetts anti-discrimination laws, accreditation and licensing guidelines require that agencies receiving federal and state funding take specific actions to serve culturally and linguistically diverse clients. If your agency is a grantee, sub-grantee or contractor, these guidelines apply to you.

With discrimination complaints on the rise in Massachusetts, avoiding discrimination in the way you hire and treat employees and clients is common-sense liability protection.

Make Your Agency More Marketable When Responding to RFRs

You can increase your ability to obtain state contracts by offering services that meet the needs of racially and ethnically diverse clients. This can include everything from offering interpreter services to hiring diverse employees, participating in the community and gathering data on race, ethnicity and language. This manual offers specific recommendations to help you document your commitment to cultural competence for contracts and Requests for Responses (RFRs).

Health Disparities in Massachusetts

In Massachusetts, some groups have far worse health than others. For example, Hispanics in Massachusetts have:

- The lowest rate of health insurance
- The highest self-reported percentage of "fair or poor health"

Black non-Hispanics in Massachusetts have:

- Higher diabetes and HIV/AIDS mortality rates
- Higher asthma emergency department visits

Source: Massachusetts Department of Public Health (2006)⁵.



LAWS

See:
Why CLAS?
Appendix B



CHECKLIST

See:
CLAS Checklists
Appendix A

Step 2: Develop Cultural Competence

While it is clear that many factors contribute to health disparities, the focus of this chapter is on what public health agencies can do to make cultural competence a part of who they are and how they serve clients.

What is Cultural Competence?

While many definitions of cultural competence exist, in practical terms, cultural competence can mean:

- Gaining awareness of and addressing negative bias
- Learning to value diversity
- Understanding how people of different backgrounds define health
- Providing services and information in primary languages

- Offering accessible services that match real needs
- Hiring staff who represent the diversity of the community
- Training staff to help them develop cultural competence
- Involving clients and the community in decisions

Moving toward cultural competence is a process that is never truly finished. Cultural competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities. However, all providers should be involved in a continual process of learning, personal growth, experience, education and training that increases cultural and linguistic competence and enhances the ability to serve individuals with diverse backgrounds.

“Cultural competence is a set of congruent behaviors, attitudes, and policies that... enable [a] system, agency, or professionals to work effectively in cross-cultural situations.”

–Cross et al, 1989

“Leadership has to decide that CLAS is crucial: the process needs horsepower up there. Because a lot of it is not dedicated funding, so leadership needs to put it on the agenda and get it done one step at a time.”

– A Massachusetts public health professional



FIELD LESSONS

Getting Senior Management on Board

In recent discussions with public health professionals, the Massachusetts Department of Public Health learned that the success of cultural competence initiatives depends on the commitment of managers.

Share Compelling Data and Experiences

One agency accomplished this by sharing focus group findings of interpreter experiences with discrimination with the board of directors. This convinced the board to take action on several issues.

Make a Clinical/Business Case

“Doctors won’t meet CLAS standards because they are federal requirements; they will do it if they see that CLAS is clinically relevant.” *Why CLAS?* (p. x), makes a business, legal and clinical case for culturally competent services.

Require Diversity Training at All Levels

Diversity training is not just relevant for staff with direct interaction with clients. It is important to change the culture throughout your organization.

See Chapter 5 (p. 113) for an example of how one agency diversified their board.

Three Critical Steps in Gaining Cultural Competence⁶

1. **Unlearning**
identifying and correcting learned biases
2. **Learning**
gaining new information, knowledge and wisdom
3. **Diversification**
increased collective capacity

Source: “Moving Along the Cultural Competence Continuum,” Alvarez-Robinson (2000)

Step 3: Deliver Culturally Competent Care

The Massachusetts Department of Public Health defines culturally and linguistically appropriate services as services that:

- Respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and supportive manner;
- Are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- Recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- Consider each client as an individual, and do not make assumptions based on perceived or actual membership in any group or class.

Getting Started with CLAS

1. Implement a diversity plan.
2. Evaluate your cultural competence.
3. Know the populations you serve.
4. Become familiar with their culture.
5. Plan and evaluate.
6. Make services accessible.
7. Match services to needs.
8. Reflect community diversity in your workforce.
9. Offer diversity training.
10. Involve the community.
11. Monitor your progress.
12. Share what you've learned.

Moving from Awareness to Action

Offering care that is “respectful, understandable and consistent with clients’ beliefs, culture and language”⁷ is a broad task that involves all of the CLAS standards. It is one thing to understand and value cultural competence; it is another to translate this understanding into specific behaviors and actions.

Once you increase awareness of cultural competence, follow with specific actions to improve your agency’s services. **Chapter 4 includes tools that can help your agency develop a tailored cultural competence plan.**

Culturally Competent Services = Client-Centered Care

There are many ways to meet the needs of racially and linguistically diverse clients. But it comes down to the basic skills of listening and adapting. In other words, culturally competent care means centering care on client needs—what is best known in the health care field as **patient or client-centeredⁱⁱ care**. As you “respect and honor clients’ individual wants, needs and preferences and seek client input in all decisions,” you will not only be providing client-centered care, but you will also likely be providing culturally competent care.



See:

Tool 1.1: Getting Started with CLAS

Tool 1.2: Respectful Care for Clients

“Culturally competent care is about being client-responsive. No one can be culturally competent in all cultures... but everybody can be responsive.”

– A Lawrence public health professional

In becoming culturally competent, organizations should “use tools and benchmarks to evaluate outcomes and create a standard of care based on quality indicators and measurable outcomes.”

– Betancourt, 2002⁸

ⁱⁱ The Institute of Medicine Committee on the National Health Care Quality Report defines patient-centered care as care that respects and honors patients’ individual wants, needs and preferences, and that assures that individual patients’ values guide all decisions.

Meeting CLAS on a Budget

For small to mid-sized agencies, one of the greatest challenges is meeting growing CLAS requirements on a limited budget. The following tips, adapted from provider discussions, can help.

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CLAS on a Budget

1. **Plan.** Incorporate cultural competence into your mission, goals and activities.
2. **Focus on one requirement at a time.** Prioritize. Start with what is most important for your agency and clients.
3. **Budget.** Determine what is realistic and assign funds accordingly.
4. **Watch your spending closely.** Conduct a needs assessment, analyze the cost-effectiveness of language services, recruiting, and training.
5. **Hire diverse, dual role staff.** Train bilingual staff to interpret as well as meet other functions in your organization.
6. **Target your efforts.** Prevent waste. Use demographic data and work with communities to determine what areas truly need attention.
7. **Maximize efficiency.** Train staff and work with qualified contractors. Doing things right the first time can save money.
8. **Use resources to scale.** Use resources according to client and agency needs.
9. **Team up with colleagues.** Share ideas, resources and materials.
For example, community health workers in Lowell gather regularly to discuss their knowledge of groups in their community. “We come together and learn from each other—about regional differences in the countries of our clients, the foods they eat. It’s like a mini-United Nations.”
10. **Use existing resources.** For example, use educational materials in various languages, or online training resources. See Tools for resources.



See:
Chapter 3: Collect Diversity Data
Chapter 4: Benchmark

Step 4: Train Staff to Become Culturally Competent

As you seek to increase your agency's cultural competence, all staff members must be involved. To meet changing needs and ensure compliance, agencies must offer ongoing training at all levels on culturally and linguistically appropriate service delivery.

All staff, regardless of background and position, can benefit from cultural competence training. Don't assume that because staff members are diverse, they can speak for their entire ethnic group. A diverse staff is not necessarily a culturally competent staff. Training can help everyone learn, increase awareness and gain new skills.

Training Topics

As with every element of your program, training should be tailored to the needs of your staff and service populations. You can use the following as a starting point:

- Empowering clients to be active partners in the medical encounter¹³
 - Cross-cultural communication skills
 - Your agency's process for collecting race, ethnicity and language data
 - Use of electronic data collection systems
 - Diversity policies and hiring standards
 - Overview of the grievance process
 - Interpretation and translation guidelines
- Overview of laws governing CLAS
 - The effect of biases on client care
 - Resolving conflicts and respecting differences
 - Gaining cultural knowledge
 - Adapting to diverse cultural contexts⁹
 - Awareness of diverse health beliefs and behaviors

All staff, regardless of background and position, can benefit from cultural competence training. Don't assume that because staff members are diverse, they can speak for their entire ethnic group.



See:

Tool 1.5: Topics for Training

Tool 1.7: Training Resources

Use Formal and Informal Opportunities for Training

Cultural competence can become a natural part of structured training events, such as new employee orientation, mandatory training meetings, continuing education courses and annual reports. You can also “train” your staff to become more culturally savvy in less formal settings. For example, share cultural knowledge in staff meetings, encourage staff to participate in community activities and share culture in social events and meals.

The following model, used by a local agency, offers a good approach to cultural competence training.

Training Services

Training is a major undertaking. You don’t have to do it yourself. A number of qualified training services are available in Massachusetts. If your program is part of a larger organization, or if you have received state grants or funding, cultural competency training may be offered by these entities.

You can also find many free cultural competence training materials online.



New Bedford WIC Training Model

- Continuing education and language training for staff
- Diversity training as part of new employee orientation
- Mandatory cultural competence trainings (annual)
- Continuing education credits for cultural competency training
- Staff meetings incorporate case studies, cultural knowledge
- Culture-specific training and updates, as needed
- Informal cultural exchanges: daily exchanges, potlucks, diversity discussions
- Formal videos and readings
- Speakers from civic, cultural groups



See:
Tool 1.7: Training Resources

Conclusion

You can improve service delivery to diverse clients as you seek to:

- 1) **Understand** the need for cultural competence;
- 2) **Develop** cultural competence;
- 3) **Deliver** culturally competent care; and
- 4) **Train** staff to become culturally competent.





Case Study 1: Creating a Welcoming Environment on a Budget

The Program: Womansplace Crisis Center
A program of Health Care of Southeastern Massachusetts

Services: Advocacy, counseling, crisis intervention, 24-hour crisis hotline, community education, support groups and an emergency shelter for victims of domestic violence and sexual assault and their families

Client Population: White (57%), Hispanic (15%), Brazilian, Cape Verdean and Azorean (15%), Haitian Creole (6%), Other (5%)

“We see many trauma-filled people. We have to make sure that they feel welcome when they walk in the door. To offer a small gesture that helps them feel accepted demonstrates that Womansplace is welcoming to all.”

– Wendy Garf-Lipp,
Director,
Womansplace

Background

Womansplace Crisis Center is committed to working toward the elimination of violence against women, children and men through direct services, education and social activism. The center provides services to survivors of domestic violence and sexual assault in English, Spanish, Cape Verdean Creole, Haitian Creole and Portuguese.

Challenge

When Wendy Garf-Lipp joined Womansplace as Program Director, she became part of a multicultural, multilingual staff serving diverse clients. While the center served many clients in their own languages, Garf-Lipp felt there was more the center could do to truly help clients feel welcome.

“When a client who didn’t speak English walked in, the person at the desk would often go running to find a bilingual counselor,” Garf-Lipp said. “This did not help our clients, who are often in distress, feel at ease.”

Tensions among coworkers also existed. While Caucasian and multicultural staff were civil with each other, they were apprehensive about certain issues and sat on opposite ends of the table during staff meetings.

In the spring of 2009, Womansplace volunteered to

become a pilot site for “Making CLAS Happen: Six Areas for Action” a manual developed by the Massachusetts Department of Public Health. Garf-Lipp saw this as an opportunity to better serve clients, and also to address internal tensions and improve staff relations.

Approach

Understand cultural competence

To explore challenges and develop strategies to increase cultural competence, Garf-Lipp began by forming a CLAS Committee. What began as a small group, made up of mostly multilingual counselors, has expanded to include staff members of all backgrounds. The CLAS Committee meets regularly to assess progress and make adjustments. Staff members also regularly discuss cultural competence topics at staff meetings.

Develop cultural competence

Developing cultural competence is not a one-time effort. Womansplace staff has found it takes constant adapting to serve the changing needs of clients. Even things that are taken for granted, like a name, can have an impact. “When we began to see an influx of male clients, we realized calling ourselves *Womansplace* was not welcoming to all,” Garf-Lipp says.

Case Study 1: Creating a Welcoming Environment on a Budget (cont.)

To create a welcoming environment for clients of all genders, cultures and backgrounds, Womansplace has come up with various strategies. Some are ongoing, others will be in effect in the future. These creative, cost-effective solutions include:

- Scripted phone messages and welcome letters in the four main languages of threshold populations
- Client forms color-coded according to language
- A variety of magazines in key languages and for diverse genders available in waiting areas
- Use of pictographs and symbols in major signs to address needs of lower literacy clients
- Major signs (exits, restrooms) translated into four languages
- Welcome presentation in waiting area televisions featuring counselors introducing themselves and services in different languages
- Exploring partnerships with local universities to translate and address the literacy level of client brochures

Deliver culturally competent care

For years, Womansplace has offered counseling and services in the four main languages of their threshold populations. Culturally competent care, however, goes beyond simply speaking a client's language. Since forming the CLAS Committee, Garf-Lipp feels Womansplace has been better able to meet clients where they are.

Thanks to creative, simple strategies, all staff—even those who do not speak a particular language—can welcome clients into the center. Furthermore, counselors have a renewed understanding of the issues facing their coworkers and other clients.

These strategies have helped staff meet offer empathy and support to clients through traumatic situations.

Train staff to become culturally competent

As a member of the Domestic Violence and Sexual Assault (DVSA) network, Womansplace staff members are able to participate in a variety of cultural competence training programs. While it has helped, cultural competence training alone has not bridged cultural gaps, Garf-Lipp says.

The key, she believes, is to approach training strategically. For example, she noticed that when Cultural Competence training about Latino clients was offered, her Spanish-speaking counselors were the ones to attend. “While I want them to be there,” Garf-Lipp said, “I also think it is helpful for others to participate in these training so we can bridge gaps.”

Results

After only a few months of forming their CLAS Committee, the Womansplace staff has seen significant results. All staff seem more comfortable with clients who don't speak English. As a result, clients feel welcome and appreciate the efforts of all to communicate with them.

The initiative has also positively affected staff. Multicultural counselors, Garf-Lipp says, now feel empowered and more comfortable bringing issues to the table. In turn, Caucasian staff members feel more comfortable discussing concerns with their multicultural counterparts.

While they know this is only the beginning, the group is optimistic. “This is a long road we're on. We need to celebrate our progress,” Garf-Lipp says. Fittingly, they will hold a diversity celebration, a time for staff to share food, culture, and traditions.

“Being a pilot site has really pushed us to look internally and face some truths that we would not have otherwise faced. We've seen progress. But this is a long road we are taking.”

**– Wendy Garf-Lipp,
Director,
Womansplace**



Chapter 1 Checklist: Cultural Competence and Training

This checklist includes suggested ways for your agency to become more culturally competent. All agencies may not be able to accomplish these right away. Some may be goals for the future. These measures describe specific ways to document CLAS efforts when responding to Requests for Responses (RFRs) and contracts.

1. Understand cultural competence.

- ☐ Copies of agency cultural competence standards are distributed to staff members
- ☐ Board members are informed and involved in cultural competence initiatives
- ☐ Agency collaborates with community partners to understand diverse groups

2. Become culturally competent.

- ☐ Cultural competence measures are incorporated into program and staff assessments (e.g., internal audits, performance improvement programs, client satisfaction surveys, personnel evaluations, outcome evaluations)
- ☐ A written cultural competence plan exists
- ☐ Hiring and recruitment strategies reflect diversity of the communities served
- ☐ Community partners and cultural brokers are involved in program development

3. Deliver culturally competent care.

- ☐ Interpreter services are available for limited English proficient (LEP) clients
- ☐ Race, ethnicity, and language data are collected according to state and federal guidelines
- ☐ Programs exist to educate clients on health and encourage active participation
- ☐ Services are made accessible for clients (welcoming environment, flexible hours, transportation vouchers, signs in key languages)

4. Train staff to become culturally competent.

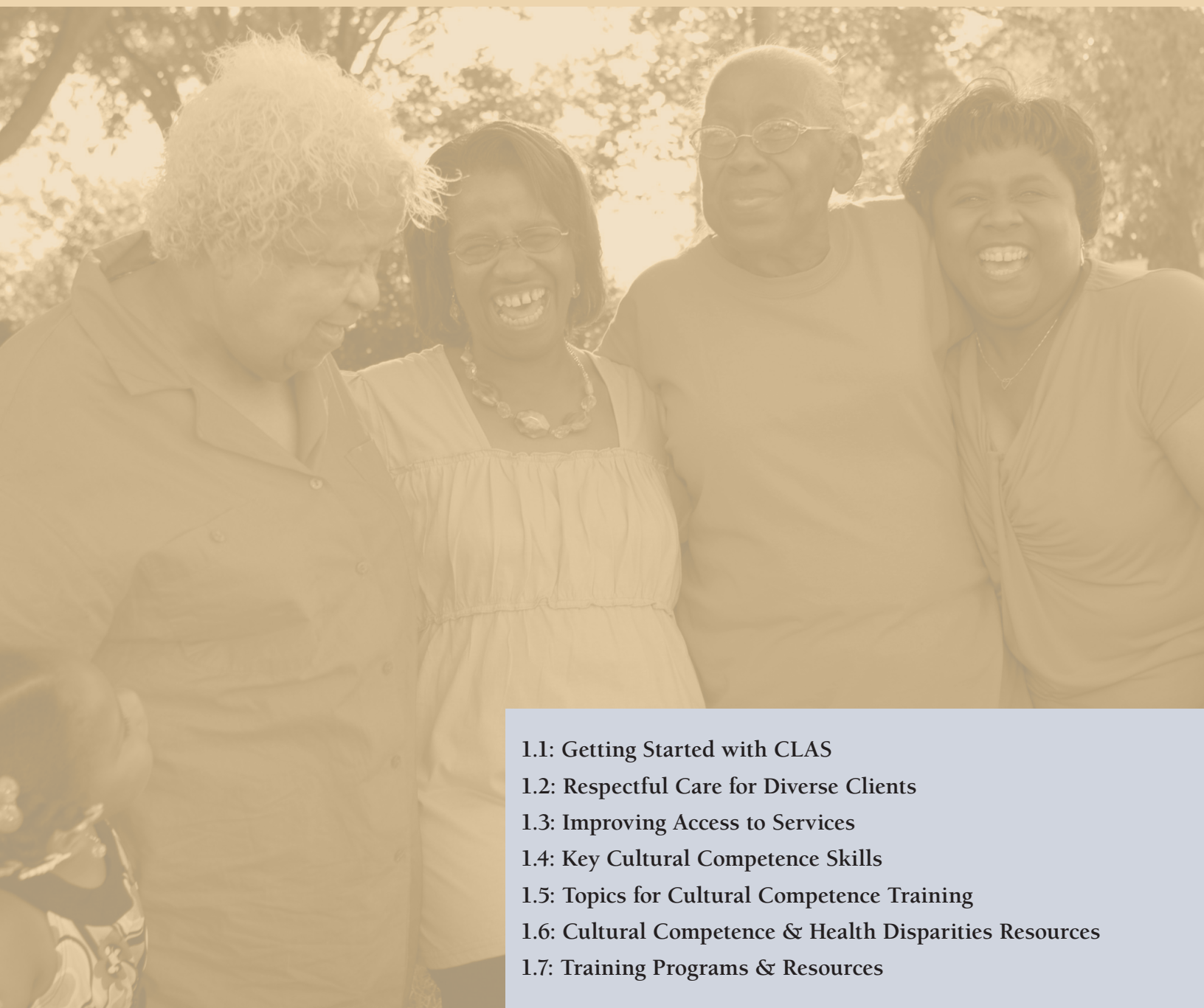
- ☐ Cultural competence training is offered and staff attendance is recorded
- ☐ Employee evaluations incorporate standards for measuring cultural competence developed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and by the National Committee for Quality Assurance (NCQA)
- ☐ Staff meetings allow for sharing of cultural competence knowledge/experiences

Chapter 1 References

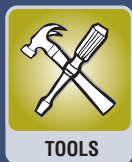
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CHAPTER 1: Foster Cultural Competence

Tools



- 1.1: Getting Started with CLAS
- 1.2: Respectful Care for Diverse Clients
- 1.3: Improving Access to Services
- 1.4: Key Cultural Competence Skills
- 1.5: Topics for Cultural Competence Training
- 1.6: Cultural Competence & Health Disparities Resources
- 1.7: Training Programs & Resources



Tool 1.1: Getting Started with CLAS

A step-by-step guide to help you get started implementing Culturally and Linguistically Appropriate Services (CLAS) standards in your organization.

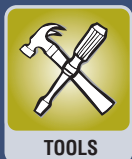
1. **Assign a qualified coordinator** to oversee and implement CLAS initiatives.
2. **Assess your ability to offer culturally competent services** by taking a self-assessment. *See Tool 4.3: Planning and Assessment Resources.*
3. **Know the populations you serve.** Collect appropriate race, ethnicity and language data. *See Chapter 3.*
4. **Become familiar with your clients' cultures.** Seek to understand the needs, cultural beliefs, values, practices, and attitudes about health and treatment options that exist among key populations in your service area. Incorporate race, ethnicity and language data into your records. Observe patterns. Make improvements based on these patterns.
5. **Plan and evaluate.** Incorporate cultural competence into your organization's goals and operations. Use ongoing cultural competence assessments and use data to benchmark. *See Chapter 4.*
6. **Make services accessible to diverse populations.** Offer interpretation and language services, and make materials available in a variety of languages. Keep business hours consistent with population needs. *See Tool 1.3: Improving Access.*
7. **Match services to needs.** Use data and client knowledge to offer services that meet real cultural, health and language needs of communities served.
8. **Reflect community diversity in your workforce.** Seek to hire staff that reflect the cultural, racial and language backgrounds of your existing and potential clients. *See Chapter 5.*
9. **Offer diversity training.** Make cultural competence training part of staff meetings, employee orientation and ongoing evaluations.
10. **Involve the community.** Use community members as cultural brokers (see Glossary). Seek joint funding. Involve the community in your board. *See Chapter 2.*
11. **Monitor your progress.** Use data gathered in the assessment process to guide changes in policy and practice; review and document changes on an annual basis; establish a monitoring system. *See Chapter 3 and Chapter 4.*
12. **Share what you've learned** about cultural competence, like data, best practices, and successes with staff, colleagues and the community. *See Chapters 2 and 3.*

Sources consulted:

Boston Public Health Commission. *Hospital Working Group Report*. http://www.bphc.org/director/pdfs/hwg/hwg_chap4.pdf

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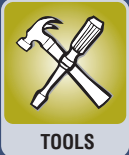
Tool 1.2: Respectful Care for Diverse Clients

The following are general ideas for approaching people of different cultures.

1. **Learn how the client wishes to be treated.** Don't follow "the Golden Rule" when interacting with clients from another culture. The way one indicates respect for another person is determined by culture. Ways of showing respect in one culture may be interpreted as disrespectful by a member of another culture. Try to learn how the client wishes to be treated and treat him/her in that way.
2. **Learn the basic etiquette** of each of the cultural groups you are likely to meet.
3. **Learn the customary form of greeting.** In many cultures, this will vary according to the age, gender, and social position of the person.
4. **Learn the "polite" forms of address.** Determine proper use of familiar vs. more formal address (e.g., "tú" and "usted" in Spanish).
5. **Learn the rules for touching.** For example, is a handshake expected, or would it be considered inappropriate?
6. **Learn the customary distance between individuals** when they are talking.
7. **Learn one or two words or phrases in the most common languages.** Words such as "hello," "good-bye," "please," and "thank you," said in the person's language, go a long way in establishing rapport and showing respect.
8. **Watch for non-verbal cues.** Remember that there is a tremendous diversity even between members of the same culture. Observe carefully. Try to determine what the client's needs and preferences are and act accordingly.
9. **Ask, don't assume.** Many seemingly culturally diverse persons (especially those of 2nd or 3rd generations) are more comfortable with U.S. culture than they are with the culture of their ancestors. Observe each person's behavior and communication style. It is extremely disrespectful to assume, for example, that every Asian- or Hispanic-looking person will have difficulty speaking or understanding English or have "different" beliefs or practices.

From: Salimbene, Susan. 2001. CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. U.S. Department of Health & Human Services. Office of Minority Health.

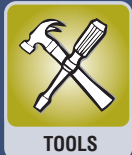
Available at http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf



Tool 1.3: Improving Access to Services

Improving access is an important step to ensuring clients in your area can use your services. You may want to consider the following ideas. Some require an investment of time and money. Use your existing knowledge and resources to find the best ways to increase access for your clients. For example:

- **Offer transportation assistance.** Many clients may not be able to travel to your location. Offer transportation vouchers or, if possible, in-home services.
- **Address insurance and documentation barriers.** Is insurance a barrier to care for lower income and diverse clients? Are immigrant workers afraid to use your services because of possible legal repercussions? Seek ways to address these potential barriers.
- **Provide language services.** Offer translation and interpretation for clients who have limited English proficiency.
- **Accommodate lower-literacy clients.** Use visual communication and demonstrations. Watch for non-verbal cues. Never assume literacy.
- **Choose accessible locations.** If you have a choice, place your service site in areas where clients live and gather naturally.
- **Schedule office hours that meet clients' needs.** Add extended hours one day a week, for example.
- **Partner with existing community health providers** to offer services in locations where health services are already being provided to the community.
- **Spread the word in visible places.** Advertise your services in ways and places that your clients are likely to see. Some examples include local cable stations and ethnic newspapers, bulletin boards and radio programs.
- **Offer alternative healing methods.** For example, use traditional healers, herbal medicine and pastoral counseling.
- **Ensure confidentiality of treatment.** Many clients are concerned with privacy and confidentiality. Develop strong policies to protect confidential client information. Address privacy concerns upfront by communicating your confidentiality policies to clients early on.



Tool 1.4: Key Cultural Competence Skills

Knowledge

Understanding the following can help increase cultural competence among staff:

- Demographics of the community served
- Disease patterns and health needs of the cultural groups served
- General understanding of health disparities in your client populations
- Key health beliefs, behaviors, communication preferences and traditions of clients
- The differences that occur within cultural groups
- The impact of one's own values, attitudes, beliefs and biases on service delivery
- How to access available agency and community tools and resources to assist in providing culturally competent and linguistically accessible services to patients and families
- Federal, state and county laws, regulations and accreditation requirements related to cultural and linguistic services

Skills

Staff, particularly those with client contact, should seek to develop interpersonal skills, clinical skills, advocacy skills, resource utilization skills, and management skills.

Interpersonal Skills

- Create a welcoming environment (décor and ambiance) for all clients.
- Go beyond prejudices. Avoid judgment and seek to understand your clients' perspectives.
- Identify, negotiate and manage cultural differences and diversity-related conflicts with other staff and with clients.

Clinical Skills

- Respectfully obtain cultural information from clients. (For example, "What do these symptoms mean to you?" "Is there something that you would traditionally do when you get these symptoms?")
- Understand there may be cultural beliefs about any particular illness that limit the ability or the willingness of the client to describe symptoms, understand explanations, and stick to any treatment plan that does not take their cultural health beliefs and practices into account. Learning about the client's cultural health practices by asking respectful questions may help clinicians uncover and perhaps better understand culturally-based resistance and obstacles to health education and treatment.

Tool 1.4: Key Cultural Competence Skills (cont.)

Advocacy Skills

- Effectively intervene with staff and/or clients who show inappropriate or culturally insensitive behavior.
- Identify, negotiate and manage cultural differences and diversity-related conflicts with other staff and with clients.

Resource Utilization Skills

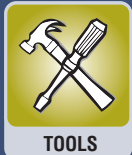
Appropriately use interpreter services, resource information, policies and procedures and other available tools and resources.

Management and Leadership Skills

- For managers and supervisors, make the best use of cultural resources in your facility (e.g., bicultural teams and work assignments, allocation of staff resources).
- For all staff, seek opportunities to improve the relationships with diverse community and staff.

From: Los Angeles County Department of Health Services. Office of Diversity & Cultural Competency. 2003. *Cultural and Linguistic Competency Standards*.

Available from: <http://www.ladhs.org/wps>.



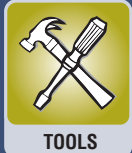
Tool 1.5: Topics for Cultural Competence Training

Cultural competence training should be tailored to specific needs. The following list offers general ideas of cultural competence training topics.

- Communicating effectively with clients in public health settings
- Overview of legal requirements. See “Why CLAS?” for an overview of laws governing CLAS requirements. Look for the Guidelines icon throughout the manual.
- Ways to gain cultural awareness
- Understanding your own cultural biases
- Review of your agency’s cultural and linguistic standards, policies and procedures
- Overview of health disparities in your community and their causes
- Review of community resources and partners. *See Tools in Chapter 2.*
- Collecting race, ethnicity and language (REL) data:
 - Adhering to your agency’s REL data collection procedures
 - Asking clients for REL data
 - Ensuring confidentiality to clients and addressing concerns
 - Entering REL data into your electronic systems
- Review of cultural competence vision, mission, goals and benchmarks
- Benchmarking: Review any discrimination trends and disparities that exist; discuss ways to improve services to address discrimination and disparities.
- Review of grievance policy and conflict resolution processes
- Effectively working with interpreters:
 - Assessing a client’s need for interpreter services
 - Your agency’s procedure for properly working with interpreters
 - How to access staff, contracted, volunteer, or telephone interpreters
 - Using interpreter scheduling systems
 - Instructions on using telephone interpretation equipment
 - Working with qualified organizations to train and evaluate interpreters

Portions adapted from: Los Angeles County Department of Health Services. Office of Diversity & Cultural Competency. 2003. *Cultural and Linguistic Competency Standards*.

Available from <http://www.ladhs.org/wps>.



Tool 1.6: Cultural Competence and Health Disparities Resources

Cultural Competence Resources

Culturally and Linguistically Appropriate Services (CLAS) Initiative

Massachusetts Department of Public Health (MDPH)

<http://www.mass.gov/dph/healthequity>

Search for CLAS for an overview of the MDPH's commitment and initiatives to implement CLAS standards.

Addressing Cultural and Linguistic Competence in the HCH Setting: A Brief Guide

National Health Care for the Homeless Council

<http://www.nhchc.org/cultural.html>

Includes definitions, the rationale for culturally competent services, federal requirements, resources, ethnic and linguistic diversity data for homeless clients.

The Commonwealth Fund

<http://www.commonwealthfund.org/publications/>

The Commonwealth Fund Web site offers a wealth of cultural competence and health disparities information. Its publications database is well organized and easy to browse.

Cultural Competence Resources for Health Providers

U.S. Department of Health and Human Services

Health Resources and Services Administration

<http://www.hrsa.gov/culturalcompetence/>

The Health Resources and Services Administration offers culture and language-specific and disease/condition-specific cultural competence workbooks, guides, tools and training resources. It also offers a number of cultural competence assessments and guides.

Cultural Competency in US Healthcare, Best Practice Web site Recommendations

Boston Healing Landscape Project, Boston University

http://www.bu.edu/bhlp/pages/resources/cultural_competency/index.html

Best practice Web site recommendations compiled by the Boston Healing Landscape Project at Boston University.

Delivering Culturally Effective Health Care to Adolescents

American Medical Association

<http://www.ama-assn.org/ama1/pub/upload/mm/39/culturallyeffective.pdf>

This workbook offers practical information on communicating with adolescent patients and delivering individualized care that is based on respect for and sensitivity to the multiple factors that define culture.

Tool 1.6: Cultural Competence and Health Disparities Resources (cont.)

Diversity RX

<http://www.diversityrx.org>

This helpful Web site offers facts about language and cultural diversity in the U.S., an overview of models and strategies for overcoming cultural and linguistic barriers to care, a summary of laws, policies and protocols, research, networking and training resources.

Health Literacy Tool Kit

The Council of State Governments

<http://www.csg.org/pubs/Documents/ToolKit03HealthLiteracy.pdf>

This guide to health literacy includes several issue briefs and a guide to improving health communication and health literacy.

The Joint Commission

<http://www.jointcommission.org/PatientSafety/HLC/>

Offers a number of research studies and guidance on cultural competence and language access, including:

- *One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations.*
A research report offering a framework for hospitals and other health care organizations to develop and employ practices for meeting diverse patient needs
- *Hospitals, Language and Culture: A Snapshot of the Nation.* A qualitative study exploring how 60 hospitals across the country offer health care to culturally and linguistically diverse patient populations

National Center for Cultural Competence

Georgetown University Center for Child and Human Development

<http://www11.georgetown.edu/research/gucchd/nccc/index.html>

A wealth of helpful resources and tools including cultural competence assessments, a consultant pool, curricula enhancement module series, materials in Spanish related to overall health, listing of evidence-based promising practices, publications and a searchable database of cultural and linguistic competence resources.

Office of Minority Health Resource Center

U.S. Department of Health and Human Services

<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3>

Offers cultural competence guides and resources, data and statistics, and an overview of national standards and training tools.

Refugee Health and Information Network

<http://www.rhin.org>

A database of quality multilingual, public health resources for those providing care to resettled refugees. Resources include translated health education materials, provider tools and links to related Web sites.

Refugee Health (Charles Kemp)

http://www3.Baylor.edu/~Charles_Kemp/refugees.htm

Information on refugee health issues by population and health topic.

Refugee Council USA

<http://www.refugeecouncilusa.org>

Coalition of US non-government organizations (NGOs); information on refugees includes resources, documents.

Tool 1.6: Cultural Competence and Health Disparities Resources (cont.)

Health Disparities Resources

Critical MASS for eliminating health disparities

<http://www.enddisparities.org>

Critical MASS is a statewide coalition focused on the elimination of health disparities in Massachusetts. The coalition works to build a statewide, multicultural network, develop a clearinghouse for current research and initiatives related to health disparities, and create a statewide, strategic planning process.

The Disparities Solutions Center

Massachusetts General Hospital

<http://www.mghdisparitiessolutions.org>

The Disparities Solutions Center is dedicated to developing and implementing strategies that advance policy and practice to eliminate racial and ethnic disparities in health care. The site offers a calendar of events, health disparities and data collection reports, “A Plan for Action” and helpful links.

Initiative for Decreasing Disparities in Depression

Organization Cultural & Linguistic Competence Resources

http://www.i-3d.org/Educational_Resources/Other_Resources/Other_resources_4.aspx

An overview of online and print resources on health disparities, cultural competence, language access and self-assessment.

Key Themes and Highlights from the National Healthcare Disparities Report (2007)

Agency for Healthcare Research and Quality, Rockville, MD

<http://www.ahrq.gov/qual/nhdr06/highlights/nhdr06high.htm>

An overview offering highlights, key statistics and themes from the National Healthcare Disparities Report.

Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts

Massachusetts Department of Public Health

http://www.mass.gov/Eeohhs2/docs/dph/research_epi/disparity_report.pdf

This report, issued in November of 2007, offers a comprehensive review of data showing differences in health status among racial and ethnic groups across Massachusetts.

Unnatural Causes

<http://www.unnaturalcauses.org>

Link to the seven-part documentary series exploring racial and socioeconomic inequalities in health. The Web site includes links to helpful resources, case studies, information health equity, a Q&A section with answers from a panel of experts, an Action Toolkit with a discussion guide, policy guide and media advocacy links.

Ethnic and Language Data Resources

Ethnologue: Languages of the World

<http://www.ethnologue.com>

Encyclopedic reference work cataloging the world’s 6,912 known living languages; the Web edition contains all the content of the print version. Offers searches by language or country.

Tool 1.6: Cultural Competence and Health Disparities Resources (cont.)

Ethnomed

<http://www.ethnomed.org>

Medical and cultural information on immigrant and refugee groups includes print, audio and video materials for providers and patients. Ethnic/cultural groups included are Amharic, Cambodian, Chinese, Eritrean, Hispanic, Oromo, Somali, Tigrean, and Vietnamese.

Hablamos Juntos

<http://www.hablamosjuntos.org>

A project that seeks to address language barriers in health care.

Hmong Health Education Network

<http://www.hmonghealth.org>

Bilingual Hmong-English site that offers information on specific health topics, traditional approaches to health and wellness, and an annotated health dictionary.

Native Web

<http://www.nativeweb.org>

An international, non-profit, educational organization dedicated to using telecommunications, including computer technology and the Internet, to disseminate information from and about indigenous nations, peoples and organizations around the world.

See the Tools in Chapter 2 for links to Massachusetts ethnic and cultural associations and media.

Further Reading

Cross, T. et al. 1989. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Georgetown University Child Development Center. Washington, DC. CASSP Technical Assistance Center.

Smedley, Brian, Adrienne Y. Stith, and Alan R. Nelson. 2002. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine. Washington, DC: National Academies Press.

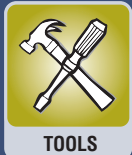
Fadiman, Anne. 1998. *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux.

CLAS Standards and Guidelines

Culturally and Linguistically Appropriate Services Standards

U.S. Department of Health and Human Services, Office of Minority Health

<http://www.omhrc.gov/templates/content.aspx?ID=3166>



Tool 1.7: Training Programs and Resources

Massachusetts Training Programs

Institute for Linguistic and Cultural Skills (ILCS)

Harvard Pilgrim Health Care Foundation

<http://www.hphc.org/foundation/ilcs>

ILCS provides training for providers and medical interpreters in culturally competent care and consults with health care organizations and institutions to design professional development and other programs to meet their specific requirements.

Latin American Health Institute

<http://www.lhi.org/lhi/viewPage.cfm?pageId=163>

LHI is the leading provider of cultural competence assessment, strategic planning, and training throughout the New England region. LHI's assessment and planning approach addresses the systemic, organizational, and interpersonal domains of cultural competence, including governance, policies and procedures, administration, human resources, professional development, staff relations, client services, and client satisfaction.

Massachusetts Asian and Pacific Islanders Technical Assistance Training

<http://www.mapforhealth.org/site/maapp/content.php?type=1&id=894>

Provides cultural sensitivity workshops for human service providers who serve Asian and Pacific Islander communities in Massachusetts. TAT offers technical assistance and workshops for a variety of service providers and community members serving the Asian and Pacific Islander community.

Also see Tool 6.5 for medical interpreting training programs and Tool 5.1 for more information on Area Health Education Centers.

Federal Training Programs

The California Endowment

http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316#

Training materials available from the California Endowment include:

- Manager's Guide to Cultural Competence Education for Health Care Professionals
- Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals
- Resources in Cultural Competence Education for Health Care Professionals
- The Multicultural Health Series

Tool 1.7: Training Programs and Resources (cont.)

The Cross Cultural Exchange Program

<http://www.xculture.org/cctrainingprograms.php>

Offers training programs, including the well-known “Bridging the Gap” Medical Interpreter Training, cultural competency programs, resources, and links to valuable cultural competency assessment resources. Also includes a topic overview that may be helpful to spark ideas, and inspire your own training.

National Multicultural Institute

<http://www.nmci.org/publications/index.html>

Offers consulting and training as well as a number of publications and training resources, case studies and training exercises. Some materials available for purchase.

Office of Minority Health Resource Center

U.S. Department of Health and Human Resources

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=12>

Offers links to a number of free or low-cost training resources.

Quality Interactions

<http://www.qualityinteractions.org>

An innovative e-learning program that provides effective cultural competency and cross-cultural communication training for physicians, nurses and health care staff.

Think Cultural Health

HHS Office of Minority Health

<http://www.thinkculturalhealth.org>

Offers a number of cultural competency continuing education programs for health care professionals, including “A Physician’s Practical Guide to Culturally Competent Care,” a free, accredited online cultural competency curriculum that encourages awareness, knowledge and skills to better treat diverse clients. The program incorporates concepts of culturally competent care, language access services, and organization supports through video case studies and practical tools and resources.